

BREAST CANCER AWARENESS AND BREAST EXAMINATION PRACTICES AMONG WOMEN IN A NIGERDELTA HOSPITAL.

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ABSTRACT

BACKGROUND: There is a high proportion of advanced breast tumors in Nigerian women with consequent mortality. In the absence of a population based screening, self/clinical breast examination, should be utilized to increase the proportions of early breast cancers.

METHODS: The setting is Central Hospital Warri, Delta ,Nigeria. The population was patients visiting the general out-patient department of Central Hospital Warri. The study tool was an interviewer-administered questionnaire, designed to assess the awareness of breast cancer and breast examination practices of the women visiting the outpatient department of the hospital.

RESULTS: The respondents ranged between 20-80 years. Breast cancer awareness was noted in 96.1% of respondents. Forty three point six percent of respondents knew breast cancer begins with a breast lump. Self breast examination had been practiced in 45.5% of respondents. Of this number, 83.3% of the practitioners did so at least monthly. Clinical breast examination had been experienced in 15.6% of respondents. The practice of self breast examination was significantly associated with previous breast complaints RR 6.2 P 0.0001, a previous breast procedure RR 9.2 P 0.0001, previous clinical breast examination RR 2.9 P 0.0001 and having a family member or acquaintance with breast cancer RR 2.5 P 0.0001.

CONCLUSION: The awareness of breast cancer is quite high. However less than half of respondents practiced self breast examination. Practice of clinical breast examination is quite low.

KEYWORDS: Self breast examination, breast cancer, clinical breast examination.

INTRODUCTION

Breast cancer is the leading cancer affecting young premenopausal and perimenopausal Nigerian women.(Anyanwu 2008) It has a dismal prognostic outlook partly because of a high proportion of advanced tumours. (Chiedozi1995) This has been attributed to non recognition of early signs of the disease by Nigerian women. The outlook in developed countries is different with mortality figures currently dropping with increased diagnosis of early tumours. Currently there is no population based screening programme for breast cancer in the country. Unlike developing countries with mammography screening programmes, the prohibitive cost of implementing such a programme in a resource limited country makes it unattractive to policy makers. In spite of modern image screening technologies, clinical breast examination remains relevant has as a screening tool;(Taber 1991,Miller 1999) especially in resource limited societies.

Earlier local studies done on breast examination practices and breast cancer awareness report a low level of awareness.(Okobia 2006,Oluwatosin 2006) However the women were sampled from neighbouring states. Thus we believe the results obtained may not be applicable to the generality of women in the Niger Delta. Even though an advantage in earlier presentation has been reported for self breast exam practitioners,(Okobia 2006) there is an unacceptable proportion of advanced tumours with consequent high mortality in the country.(Adesunkanmi 2006) In a bid to stem this trend and evolve strategies geared towards earlier presentations, this study was embarked upon to ascertain the level of breast cancer awareness in the Niger Delta women, inquire about their breast examination practices and promote self /clinical breast exam.

MATERIALS AND METHODS

This cross sectional study took place at the Central hospital Warri in 2011. Respondents were women visiting the outpatient clinic. Women who were 20 years and above were interviewed. The rationale of the study was explained to the women and an informed consent taken. Only consenting patients were recruited for the survey. Women presenting with breast complaints scheduled to see the Doctor and those who with acute symptoms were excluded.

The study tool was an unstructured interviewer administered questionnaire. The questionnaire was in two sections. The first section inquired after information on breast cancer; awareness about breast cancer and the commonest early symptom of breast cancer. Other questions were having a family history of breast cancer and knowing a breast cancer patient. The next section inquired after the practice of self breast exam, clinical breast exam and their self perception of proficiency at self breast exam. Reasons for not practicing breast exam were inquired from non-practitioners.

The interviews were conducted by the author in English language. A few of the women were spoken to through an interpreter. Breast cancer was explained to a few of the not formally educated ones as that potentially fatal breast disease for which mastectomy is done. Respondents answering that the early symptom of breast cancer is a breast lump were considered correct. Self breast exam was also taught the women individually. A total of 122 women were interviewed for this study. The results were collated and analysed. Simple descriptive statistics was employed. Fisher's exact test was also utilized to determine an association between the practice of breast exam and other influencing variables. Test of significance was set at $P < 0.001$

RESULTS

The ages ranged between 20 and 80 years. The modal age ranges were the 26-30 and 31-35 year age ranges at 23.8% and 23.0% respectively. The mean age was 32.3 years. Tertiary education was attained in 46.8% of the women. However 6.4% of the women had no formal education. There was an awareness of breast cancer in 96.1% of the women. Forty three point six percent of respondents knew breast cancer usually begins with a lump. Self breast examination was practiced by 45.5% of the women. Clinical breast examination had been conducted ever in 15.6% of the women. A monthly self breast exam had been done in 83.3% of self breast examination practitioners. Having a previous breast complaint, previous breast procedure, previous clinical breast exam and having a relation or an acquaintance with breast cancer was significantly associated with conducting self breast examination...

Table 1 – Age- Frequency table

AGE RANGE	FREQUENCY(%)
16-20	2
21-25	8
26-30	29
31-35	28
36-40	14
41-45	14
46-50	9
51-55	8
56-60	5
61-65	2
66-70	2
71-75	0
76-80	1
Total	122

Table 2- FREQUENCY OF SELF BREAST EXAMINATION

DURATION	FREQUENCY(%)
<1monthly	45
2-3monthly	3
4-6monthly	6

TABLE 3- Survey responses

SURVEY QUESTION	YES(%)	No(%)	RelativeRisk	P value	Conf.Intv
Previous Breast Complaints?	9(7.38)	113(92.62)	6.162	<0.0001	3.19,11.90
Previous Clinical Breast Exam?	19(15.6)	103(84.42)	2.919	<0.0001	1.848,4.610
Aware of Breast Cancer?	99 (96.1)	4(3.88)	0.473	<0.0001	0.388,0.577
Knowledge of Early Symptom	41(43.6)	53(56.4)	1.042	0.8901	0.771,1.409
Acquaintance with Breastcancer	22(18.03)	100(81.97)	2.521	<0.0001	1.647,3.859
Do you examine your breast?	55(45.45)	66(54.55)			
Confident at Self breast exam?	47(43.52)	61(56.48)	1.044	0.7912	0.781,1.396
Previous Breast procedure?	6(4.92)	116(95.08)	9.242	0.0001	4.134,20.66

DISCUSSION

This was a study embarked upon to determine the level of awareness of breast cancer and breast examination practices of women visiting the Central Hospital Warri. The study has revealed a high level of awareness about breast cancer at 96% of respondents. Onyie *et al* have also demonstrated high level of awareness of breast cancer among students in a tertiary institution.(Onyiye 2010) However just 43.6% knew the early symptom of breast cancer as being a breast lump. This is higher than 1.8% from traders in Ibadan and 21% from community dwellers in Benin.(Oluwatosin 2005, Okobia 2006) This difference is attributed to the high level of literacy in our study population with nearly 50% having tertiary education but just over 5% with no formal education. This is higher than the adult literacy rate in the country with 55%. (Nigeria Democratic and health Survey 2003) There is evidence that education attainment is a factor in breast exam awareness; (Balogun 2003) consequently of breast cancer awareness.

Forty five percent of the respondents practiced self breast exam. Of this number, over 80% did so monthly or more frequently. This compares with other local studies with 43%, 54% and 18%. (Okobia 2006, Kayode 2005, Balogun 2003) Much lower rates at 8.4% of monthly self breast examination practitioners have being reported from a large study in Taiwan. (Chie 1993) This study suggests that a majority of women are yet to imbibe screening practices of self breast exam. This is quite worrisome for a disease whose early detection impacts outcome. Philip *et al* have reported that regular self breast exam practitioners were more likely to present with earlier breast tumours.(Phillip 1986) Although this study did not investigate the utilization of radiological imaging for screening, it is common knowledge that these facilities are not readily available or are cost prohibitive in our resource limited society. The common reason given by respondents for not examining their breasts was that they felt no warning signs of pain. Sadly, this is oftentimes a reason why a number of breast cancer patients delay presentation as breast cancer begins as a painless lump.

Even though a previous clinical breast exam was strongly associated with the practice of self breast examination, it was very much underutilized from our study; just 15% having ever had a clinical breast exam. However similarly low utilization rates at 9.5% and 30% for nurses have been described.(Okobia 2006, Odusanya 2001) Its non-utilisation among our respondents may indicate the need to educate our populace on its importance; sensitivity and specificity rates of 48-69% and 85-90% respectively have been described for clinical breast exam.(Barton 1999) There is also evidence that it detects up to 25% of tumours missed by mammography scan.(Kerlikowske 1996) Although a large majority of breast cancer lumps are self discovered;(Okobia 2006) we believe that earlier stages may be arrived at with clinical breast examination. Potential embarrassment which the women may feel at male examiners may be overcome by training nurses in the art.

This study showed that having a previous breast procedure had the strongest association with self breast examination. We think that having a previous breast procedure may make women become concerned about the possibility of breast cancer. Also, visits to the Physician on such issues may afford them the opportunity of better enlightenment. Ajayi *et al* have reported that a family history of breast cancer and being knowledgeable about self breast exam and breast cancer were associated with regular breast exam. (Ajayi 1999) In conformity

with this finding, our respondents showed a strong association between having a family member or acquaintance with breast cancer and self breast exam practice. We think that a positive family history may influence health seeking behavior and thus better enlightenment.

This study sampled women already displaying health seeking behavior. This may influence the results as unorthodox medicine has great following in a developing country like ours. Nevertheless our findings is in conformity of other local studies. Response bias may also influence the answers given by respondents as they cannot verify them. Although our sample size is modest, statistical significance was attained.

CONCLUSION

There was a high level of awareness of breast cancer among our respondents. However less than 50% of respondents engaged in the practice of self breast examination. Clinical breast examination practice was dismal. We advocate health campaigns aimed at increasing the practice of self breast examination. We believe that training of nurses in regional centres at the art of clinical breast exam will increase compliance of women in this useful screening tool.

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